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Nursing Students' Perceptions of Faculty Teaching Engagement in Lecture and Clinical Settings: A Quantitative Study

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Abstract **Background:** Teaching engagement played a critical role in nursing education, as it supported student motivation, learning outcomes, and professional growth through cognitive, emotional, and behavioral participation. This study aimed to examine the perceptions of nursing students regarding faculty teaching engagement in both classroom and clinical settings. **Methods**: A quantitative, descriptive-correlational design was employed, involving 292 nursing students from José Rizal University who were selected through stratified sampling to ensure representation across all academic year levels. Data collection was conducted through Google Forms, and statistical analyses were performed using Microsoft Excel, Google Sheets, and JASP. **Results:** Findings revealed that students generally perceived faculty teaching engagement as very high in both lecture and Related Learning Experience (RLE) environments. No significant differences were found in perceptions based on sex or age; however, a statistically significant difference in behavioral engagement was observed across year levels ($F = 2.88$, $p = 0.04$). **Conclusion:** The study found that nursing students consistently perceived faculty teaching engagement as very high in both lecture-based and clinical settings, with cognitive and behavioral engagement, instructional clarity, and feedback provision rated most positively.

Key Words Behavioural Engagement, Clinical Instruction, Feedback Provision, Nursing Students, Teaching Practices

INTRODUCTION

The persistent worldwide shortage of nurses continues to place enormous strains on health systems globally, emphasizing the pressing need for nursing graduates who are academically proficient as well as resilient at the emotional level and clinically competent. As the World Health Organization [1] reiterated, addressing the shortage requires learning institutions to adopt responsive, learner-focused approaches to teaching that foster academic development as well as practical expertise.

One of the most crucial elements of all is teaching engagement - a dynamic, interactive, method where teachers directly support and guide students while establishing a learning environment conducive to development. Within nursing education, the functions that engagement serves are of particular importance, as it becomes the lifeline bridging the intellectual learning within the classroom with its practical application within clinical settings. Clarity, flexibility, and responsiveness by the faculty can have a profound impact upon students' inclination to work academically, self-efficacy, and readiness to take up professional responsibilities [2].

Nevertheless, with the growing recognition of its importance, the insights of students on teaching involvement remain a largely neglected area of research, especially within the Philippine setting. Much of the existing research focuses primarily on curriculum outcomes and institutional performance metrics, leaving a gap in understanding how students perceive their instructors' efforts. Gaining insights into these perceptions is essential for the development of instructional practices that not only uphold educational standards but also better prepare students for the demands of the healthcare workforce.

This study aims to explore how nursing students at José Rizal University perceive their instructors' teaching engagement,

both within the classroom and during Related Learning Experience (RLE) sessions. Additionally, it examines whether these perceptions differ based on students' demographic characteristics, including age, sex, and year level.

Nursing Education

Nursing education plays a critical role in shaping students' competence, confidence, and readiness to assume professional responsibilities. Across various academic programs, educators are expected not only to deliver content but also to foster environments that encourage active learning and student engagement. In recent years, pedagogical trends have shifted toward more interactive and student-centered methods, such as case-based discussions, simulations, and blended learning formats [3]. These strategies are aligned with the Commission on Higher Education's (CHED) memorandum directives, particularly CMO No. 15, s. 2017, which promotes outcomes-based education and student-centered instruction in health sciences programs.

Despite global progress, local studies suggest that challenges persist in ensuring meaningful student engagement, particularly in clinical-based programs like nursing. In Philippine institutions, variability in teaching approaches, lack of faculty development, and resource constraints are seen to affect students' perception of their instructors' teaching engagement [4]. Faculty members may employ traditional lectures in classroom settings but struggle to maintain the same level of engagement in clinical areas, were unpredictability and workload pressure impact teaching delivery [5]. This inconsistency is especially significant for the current research, with the goal of investigating students' perceptions of academic staff involvement in both lecture room and Related Learning Experience (RLE) environments.

Previous studies underscore that academic staff involvement goes beyond course delivery; it is the investment of emotion, responsiveness to criticism, and availability for student support [6]. Bandura's Social Cognitive Theory [7]. supports this view, as it lays emphasis on the bidirectional interplay of student behavior, internal factors, and environmental factors that interact collaboratively to condition learning outcomes over time. If academic staff habitually show passion, clarity, and compassion, students are more likely to be satisfied and exhibit higher participation levels in the theoretical as well as practical dimensions of education [8].

However, sustaining such engagement is influenced by systemic factors. Institutional workload distribution, access to modern instructional tools, and leadership support all contribute to how engaged educators can be in their roles. Some studies even argue that faculty burnout and lack of recognition diminish their motivation to engage students effectively [9]. This underlines the importance of institutional policies and support mechanisms that allow educators to thrive in both academic and clinical roles.

Considering these insights, it becomes imperative to assess student perceptions of teaching engagement not just in abstract terms, but in relation to their direct experiences across different learning settings. The focus of this study centered on nursing students at José Rizal University aims to address this gap by exploring perceived teaching engagement within both lecture-based and RLE environments, in line with the study's first and second specific objectives.

Teaching Engagement in Nursing Education

Teaching engagement in nursing education involves faculty creating active, personalized, and supportive learning environments that go beyond simply delivering content. It includes relational and emotional aspects that aid students' academic and professional growth. [1] highlight that engaged instructors help students bridge theory and practice, manage clinical stress, and build confidence-skills essential in the demanding field of nursing. Research indicates a strong link between teaching engagement and improved academic performance, motivation, and student well-being. Advance HE notes that engaged teaching fosters self-efficacy and critical thinking, while approachable and responsive educators create safe, respectful spaces for learning. Foster and Al-Refaey *et al.* [11,12] further emphasize that interactive methods and teaching with enthusiasm and clarity enhance student attentiveness and participation. In clinical nursing education, engagement takes on a more hands-on, mentorship-based approach. Students not only need technical guidance but also emotional support to navigate real-world procedures with confidence and professionalism. [13] found that timely feedback and positive reinforcement help reduce student anxiety and improve readiness. Similarly, [14] observed that students perform best when they feel their mentors genuinely care about their growth-both skillfully and emotionally.

Beyond skills training, meaningful engagement also involves creating a safe, supportive environment where students feel comfortable asking questions, admitting uncertainty, and accepting feedback without fear [15] emphasized that such environments foster both belonging and curiosity, enhancing learning through strong student-faculty relationships. In the Philippine setting, [16] highlighted that students value instructors who combine structured teaching with empathy and cultural sensitivity. Despite global interest in engagement, there is limited research on how Filipino nursing students perceive faculty involvement in both lecture and clinical settings. This study aims to address that gap by exploring how students at José Rizal University experience and assess faculty participation. Grounded in both international insights and local academic culture, the research seeks to offer a deeper understanding of engagement from the learner's perspective.

Students Perceptions of Teaching Engagement

Perception not only shapes student engagement but also provides valuable feedback for educators. Active methods like problem-based learning, simulations, and interactive discussions are widely seen as more engaging than lectures, as they promote deeper understanding and self-directed

learning [17,18]. Linking theory to real-life practice through case studies or patient scenarios also boosts students' confidence and perception of faculty engagement [19]. While technology supports learning through tools like flipped classrooms and virtual simulations, students still value face-to-face interaction. Emotional presence, approachability, and timely feedback remain key to how they assess faculty engagement [20,21]. Supportive, compassionate instructors help create psychologically safe spaces for learning, especially in high-pressure clinical settings [22,23]. Despite rich global literature, few studies focus on how Filipino nursing students perceive faculty engagement, particularly under hybrid learning and local clinical conditions. This research seeks to fill that gap by exploring student perspectives at José Rizal University in both lecture and clinical (RLE) settings.

Teaching Engagement in Lecture Sessions

Technology has significantly enhanced lecture delivery through tools such as multimedia presentations and virtual platforms. During the COVID-19 pandemic, for example, e-learning platforms helped maintain student engagement in resource-limited settings like Nepal, offering insights applicable to the Philippine context [24]. However, research also emphasizes that technological tools must be paired with empathetic teaching and timely feedback to be truly effective [25-26]. Despite these advancements, lecture disengagement still occurs when content lacks relevance to real-world clinical practice.

Teaching Engagement in Clinical or RLE Settings

Clinical instruction, or Related Learning Experience (RLE), is essential in bridging theoretical knowledge with real-world nursing practice. Unlike structured lectures, RLEs occur in dynamic settings where faculty engagement plays a critical role in building student confidence, clinical skills, and professional growth [27]. Effective clinical teaching extends beyond technical oversight to include mentorship, emotional support, and constructive feedback, which together enhances students' preparedness and academic satisfaction [28].

This study aims to explore José Rizal University nursing students' perceptions of faculty engagement in clinical placements, identifying strengths and areas for improvement. By centering on the learner's perspective, the research seeks to inform more effective, empathetic, and competency-driven RLE practices.

Factors Influencing Teaching Engagement

Teaching engagement is shaped by various institutional, personal, and contextual factors, not just individual effort. Faculty development opportunities play a key role, equipping educators with modern, student-centered and digital teaching strategies, which in turn boost engagement and confidence [29]. Institutional support such as reasonable workloads, resources, administrative help, and recognition-also fosters sustained faculty motivation and commitment [30]. However, systemic barriers like excessive workload, limited autonomy, and lack of recognition can lead to burnout and reduced student engagement.

In the Philippines, these issues are heightened by large class sizes, limited resources, and unequal access to training. Even skilled educators may struggle to remain engaged, especially during RLEs that require mentorship and emotional presence. To address this, systemic solutions such as ongoing training, better curriculum integration, and supportive policies are essential. Embedding real-world clinical examples into teaching, as [31], suggest, can enhance both faculty and student motivation

Few studies in the Philippines have examined teaching engagement across both classroom and clinical RLE settings, particularly using multi-dimensional validated engagement tools

Research Objective

Primary Objective: To assess the overall perceptions of nursing students regarding faculty teaching engagement in both lecture and clinical settings.

Secondary Objective

- To examine differences in perceived engagement by age, sex, and year level
- To compare nursing students' perceptions of faculty teaching engagement between lecture and clinical settings
- To explore the relationship between demographic factors (e.g., age, year level, academic performance) and students' perceptions of teaching engagement

Background of the Study

Faculty commitment to teaching is increasingly accepted as a key pillar of quality nursing education. It is a factor of considerable consequence that helps students internalize intricacies of knowledge, foster scholarly thought processes, as well as endeavor towards developing clinical professional proficiency. The Philippines' Commission for Higher Education (CHED) promotes the shift towards outcome-based education (OBE) with the goal of improving instruction and the quality of the graduates. CHED Memorandum No. 15, s. 2017 requires a more responsive student-oriented curriculum for BS Nursing degree programs, with a push towards institutions to concentrate on quality learning experiences both in the lecture room as well as clinical settings. There is, however, a dearth of empirical evidence assessing if such reforms are translated into favorable students' experiences, specifically with regards to perceived faculty interactions.

The current research seeks to bridge that gap by investigating perceptions of classroom vs. RLE teaching involvement of nursing students from José Rizal University. It also investigates if students' perceptions are varying due to demographic attributes like year level, age, and sex. Findings can guide subsequent teacher development interventions

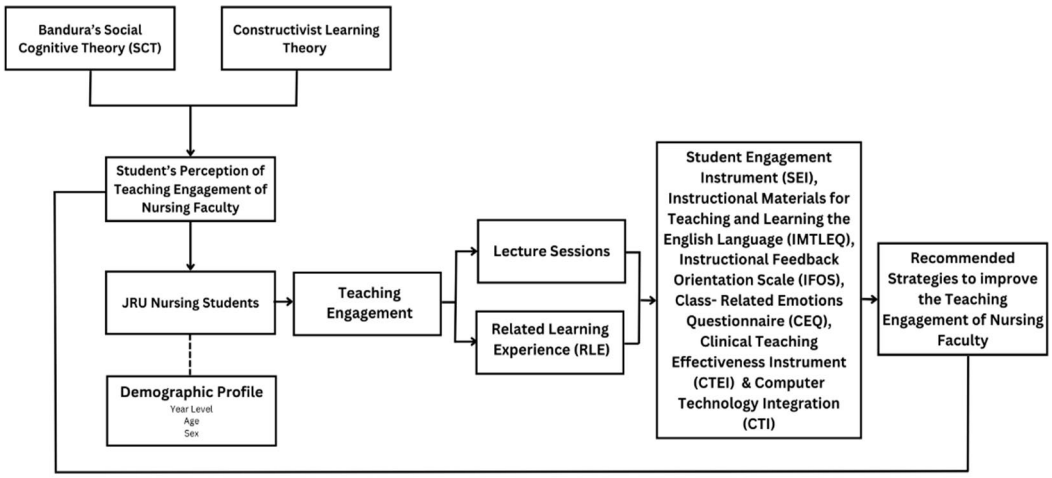
Bandura's Social Cognitive Theory (SCT)
Constructivist Learning Theory
Student's Perception of Teaching Engagement of Nursing Faculty
JRU Nursing Students
Demographic Profile
Year Level
Age
Sex
Teaching Engagement
Lecture Sessions
Related Learning Experience (RLE)
Student Engagement Instrument (SEI), Instructional Materials for Teaching and Learning the English Language (IMTLEQ), Instructional Feedback Orientation Scale (IFOS), Class- Related Emotions Questionnaire (CEQ), Clinical Teaching Effectiveness Instrument (CTEI) & Computer Technology Integration (CTI)
Recommended Strategies to improve the Teaching Engagement of Nursing Faculty

Figure 1: Bandura Social Cognitive Theory- Constructivism Learning Theory

as well as instructional approaches for promoting involvement throughout nursing education.

Research Hypothesis

In this study, the following hypotheses were tested at 0.05 level of significance;

- H0: There is a significant difference between nursing students perceived level of teaching engagement of faculty when grouped to their demographic profile
- H1: There is no significant difference between nursing students' perceived level of teaching engagement when grouped to their demographic profile

Scope and Limitation of the Study

This study focuses on exploring the perceptions of nursing students regarding the level of teaching engagement demonstrated by nursing faculty in both lecture-based and clinical (Related Learning Experience or RLE) settings. Specifically, it examines how students assess teaching engagement in terms of cognitive, behavioral, and emotional aspects in the classroom, as well as instructional clarity, student guidance, and feedback provision during clinical training. The study is limited to nursing students enrolled at José Rizal University during the academic year 2024-2025. The study includes respondents from different year levels and considers demographic factors such as age, sex, and year of study. Quantitative in approach, it adopts a correlational design to explore whether significant differences exist in students' perceptions of faculty engagement based on their demographic characteristics.

While this research provides important insights into how students perceive teaching engagement, it does not capture faculty perspectives, teaching effectiveness from the instructors' viewpoint, or institutional evaluation metrics. Additionally, the focus is limited to perceived engagement and does not extend to measuring actual academic outcomes such as grades or clinical performance. As such, the findings are most relevant within the context of the selected institution and may have limited generalizability to other nursing programs or broader higher education settings.

Nonetheless, despite these limitations, the study aspires to offer meaningful recommendations aimed at enhancing faculty engagement practices that better address students' learning needs in both classroom and clinical environments.

This study is grounded in two complementary learning theories: Bandura's Social Learning Theory and Constructivism, which together provide a robust foundation for understanding nursing students' perceptions of faculty teaching engagement in lecture and clinical settings at Jose Rizal University.

Bandura's Social Learning Theory posits that learning occurs through observation, imitation, and modeling within a social context. In nursing education, faculty serve as role models whose behaviors, attitudes, and clinical decision-making processes influence students' learning. When faculty demonstrate enthusiasm, competence, and active involvement, students experience vicarious learning, which enhances their self-efficacy and motivates them to replicate these behaviors in practice. Faculty engagement thus becomes a critical social cue that shapes students' professional identity and confidence.

Constructivism emphasizes that learners actively construct knowledge through experiences and interactions rather than passively receiving information. In lecture settings, engaged faculty foster interactive discussions, critical thinking, and problem-solving, enabling students to integrate new concepts with prior knowledge. In clinical settings, faculty guidance during hands-on experiences helps students contextualize theoretical knowledge, creating meaningful learning. Faculty act as facilitators, guiding students to connect theory with practice, which is central to constructivist learning.

The conceptual framework of this study is illustrated in the figure above. It examines nursing students' perceptions of their faculty members' teaching engagement, identifying key factors that contribute to these perceptions and suggesting strategies for enhancement. Specifically, the

framework investigates how demographic characteristics-such as age, sex, and year level-influence students' views of faculty engagement. Students' experiences in both lectures and Related Learning Experiences (RLE) are critical to understanding how instructors can effectively foster engagement. Faculty involvement in RLE is particularly important for bridging the gap between theoretical knowledge and clinical practice, supporting students' professional development, while faculty engagement during lectures plays a vital role in promoting critical thinking skills. Active teaching strategies that stimulate student motivation and participation are beneficial across both instructional contexts.

To underpin this exploration, Constructivist Learning Theory and Bandura's Social Cognitive Theory serve as theoretical foundations. Together, these frameworks offer a comprehensive understanding of the environmental, cognitive, and personal factors influencing the teaching and learning practices of nursing faculty at José Rizal University. Constructivism emphasizes the importance of active, student-centered learning experiences, while Social Cognitive Theory highlights how faculty attitudes and behaviors are shaped by their social and institutional environments. By integrating these perspectives, the conceptual framework provides a holistic view of teaching engagement, considering both external and internal influences. This approach supports the identification of targeted strategies to enhance student learning outcomes and improve faculty effectiveness within nursing education.

METHODS

Research Design: This study employs a quantitative descriptive correlational research design to explore the relationship between nursing students' perceptions of faculty teaching engagement across both lecture-based and clinical (RLE) settings. A quantitative approach was selected as it allows for the systematic collection and objective analysis of numerical data, providing insights into potential patterns and associations between key variables [32]. The correlational component of the design enables the researchers to determine whether statistically significant relationships exist between students' perceptions and demographic factors such as sex, age, and year level. It is important to note that while this approach identifies associations, it does not establish causality; rather, it measures the strength and direction of relationships between variables.

This design also supports the study's goal of examining multiple dimensions of faculty engagement-including cognitive, emotional, behavioral, instructional clarity, technology integration, and feedback-in both lecture and RLE environments. The use of structured survey instruments ensures consistency and reliability in data collection, allowing for accurate and systematic interpretation of student responses across these domains.

Moreover, correlational designs are commonly utilized in nursing and educational research, offering a practical and ethically sound method for assessing perceptions and engagement without the need for experimental intervention-an important consideration within academic institutional settings [33].

Table 1: Sample size and distribution

Year Level	Total Population	Sample Size (n = 292)
First Year	450 students	122 students
Second Year	315 students	85 students
Third Year	180 students	49 students
Forth Year	135 students	38 students

Population and Sample

The population for this study comprised nursing students from first to fourth year at José Rizal University during the Academic Year 2024-2025. The appropriate sample size was calculated using Slovin's formula with a 5% margin of error and a 95% confidence level, resulting in a final sample of 292 students, proportionally distributed across all year levels (Table 1).

The target population for this study comprised 1,080 nursing students enrolled at José Rizal University, including those from all year levels regardless of their current enrollment status. Stratified random sampling was employed to recruit participants, ensuring representation across academic strata. The respondents were drawn from level 1-4 of the nursing program (1st year with 122 students, second year with 85 students, third year with 49 students and lastly the 4th year with 36 students), capturing the varying perspectives of the nursing students at different points in their education (Table 1).

Eligibility (Inclusion) Criteria

- Must be officially enrolled as a nursing student at José Rizal University during the study period
- Belong to any academic level (1st year to 4th year) of the Bachelor of Science in Nursing
- Included in the stratified sampling list based on year level
- Willing to participate voluntarily and able to give informed consent
- Students who have current experience in both lecture and RLE classes during the academic year

Exclusion Criteria

- Nursing students not included in the sampling frame
- Students who decline to participate or do not provide informed consent
- Students who are not currently enrolled in the nursing program at the time of data collection
- Non-nursing students or students who refused consent or withdrew from study
- Students on leave or internship outside José Rizal University (JRU)

Study Setting

Data collection was carried out over a 12-week period. Week 1 was devoted to the preparation and expert validation of the research instrument. During Week 2, permission to conduct the study was secured from José Rizal University. In Week

3, stratified random sampling was implemented to select respondents from Levels 1 to 4 of the nursing program. Participant recruitment and distribution of informed consent were conducted in Week 4. The actual data collection took place during Weeks 5 to 6. Follow-up and retrieval of the questionnaires occurred in Week 7, followed by data screening and cleaning in Week 8. Data coding and encoding were completed in Weeks 9 to 10, while the final data analysis was conducted during Weeks 11 to 12.

METHODS

This study adopts a quantitative descriptive correlational research design to examine nursing students' perceptions of their teachers' teaching engagement. Participants will include students enrolled in the Bachelor of Science in Nursing program at José Rizal University (JRU) during the academic year 2024-2025. To ensure balanced representation across academic levels, a stratified random sampling method will be employed, covering students from first year to fourth year. The final sample size will be determined through statistical power analysis to ensure adequate data for reliable correlational analysis.

Validated instruments will be utilized to assess teaching engagement across multiple dimensions. The Student Engagement Instrument will measure cognitive, emotional, and behavioral engagement in classroom learning, while the Clinical Teaching Effectiveness Inventory will capture perceptions of faculty effectiveness in clinical settings. The Computer Technology Integration instrument will evaluate faculty use of digital tools in teaching, and the Class-related Emotions Questionnaire will assess students' emotional responses to their learning experiences. Additionally, the Instructional Materials for Teaching and Learning Effectiveness Questionnaire will measure the clarity and effectiveness of instructional materials, and the Instructional Feedback Orientation Scale will gauge students' receptiveness to feedback. All items across instruments will be rated using a 4-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." Prior to full deployment, a pilot test will be conducted with a subset of nursing students not included in the main study. The pilot will help assess the clarity, reliability, and contextual appropriateness of the instruments within the JRU nursing program. Based on the feedback gathered, necessary revisions will be made to enhance the instruments' precision and relevance.

Data collection will be administered through an online survey hosted on Google Forms. Participants will be provided with a study overview, detailed instructions, and an informed consent form before proceeding to the survey. The consent form will outline the study's purpose, the voluntary nature of participation, and assurances regarding confidentiality and anonymity. Students will be given two weeks to complete the survey, with periodic reminders issued to optimize the response rate.

The study will adhere strictly to ethical principles, ensuring the confidentiality of responses, voluntary participation, and secure storage of data in a password-protected database accessible only to the research team.

Instruments

This study utilized a structured questionnaire designed to assess nursing students' perceptions of faculty teaching engagement in both lecture-based and clinical (RLE) settings. The instrument was adapted from several validated tools, including the Student Engagement Instrument (SEI), Clinical Teaching Effectiveness Inventory (CTEI), Instructional Materials for Teaching and Learning Effectiveness Questionnaire (IMTLEQ), Instructional Feedback Orientation Scale (IFOS), Class-Related Emotions Questionnaire (CEQ), and Computer Technology Integration (CTI) Survey. These instruments were selected to capture a range of subdomains such as cognitive, behavioral, and emotional engagement, instructional clarity, feedback quality, use of instructional materials, and technology integration. The questionnaire was structured into three sections to ensure a comprehensive and systematic assessment.

Section 1 collected demographic information, including gender, age, and year level, providing a foundation for analyzing variations in student perceptions across academic groups.

Section 2 focused on students' perceptions of faculty engagement during lecture sessions. Adapted from the SEI, this section measured teaching strategies that promote attention, comprehension, and active classroom participation. It assessed instructional clarity, the use of interactive teaching methods, integration of instructional materials, and effectiveness of feedback delivery. The IFOS [34], was incorporated to evaluate students' perceptions of feedback quality, while the IMTLEQ [35], examined the role of instructional materials in supporting engagement. Students' emotional responses, such as motivation, frustration, and confidence, were measured using the CEQ [36]. Additionally, the CTI Survey [37] assessed the degree of technology integration in instruction, including the use of digital resources and adaptability to different learning environments.

Section 3 addressed students' perceptions of faculty engagement within Related Learning Experiences (RLE). Drawing on the CTEI, this section evaluated faculty effectiveness in clinical instruction, including supervision in hands-on skill development, clarity of clinical explanations, and the conduciveness of the clinical learning environment. It further examined student guidance, autonomy in skill application, and quality of hands-on coaching. Feedback provision was also assessed, with particular attention to its timeliness, constructiveness, and role in enhancing skill development and motivation.

Responses across all sections were rated using a 4-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." Ethical considerations, including informed consent, confidentiality, and voluntary participation-were rigorously upheld throughout the study. Prior to the full implementation, the instrument underwent pilot testing with a sample of thirty (30) nursing students not included in the main study. Cronbach's Alpha was employed to assess the internal

Table 2: Instructional clarity and student guidance reliability

Subdomain	Cronbach's Alpha (α)	Internal Consistency
Cognitive Engagement	0.94	Excellent
Behavioural Engagement	0.96	Excellent
Emotional Engagement	0.96	Excellent
Use of Instructional Materials	0.96	Excellent
Technology Integration and Adaptation	0.95	Excellent
Instructional Clarity	0.96	Excellent
Student Guidance	0.97	Excellent
Feedback Provision	0.97	Excellent
RLE	0.98	Excellent
Lecture	0.98	Excellent

consistency of the questionnaire items, ensuring that they reliably measured the intended constructs. The pilot testing was essential to confirm the appropriateness of the instrument within the cultural context of JRU nursing students and to identify areas for refinement to further enhance the tool's validity.

As emphasized by [38], Cronbach's Alpha is a widely recognized measure of internal consistency, reflecting how closely related a set of items are as a group. A high Cronbach's Alpha value indicates strong internal correlation among items, supporting the instrument's overall reliability and validity. The results of the pilot test demonstrated excellent internal consistency across all subdomains: Cognitive Engagement yielded a Cronbach's Alpha of 0.94; Behavioral and Emotional Engagement both recorded 0.96; Use of Instructional Materials also achieved 0.96; Technology Integration and Adaptation scored 0.95. Instructional Clarity and Student Guidance showed strong reliability, with scores of 0.96 and 0.97, respectively. Feedback provision and RLE domains demonstrated Alpha values of 0.97 and 0.98 respectively, while Lecture subdomain likewise yielded an outstanding reliability score of 0.98.

Beyond the individual subdomains, the overall scale achieved a unidimensional reliability of 0.99, indicating that the entire instrument strongly and consistently measures a single underlying construct namely, students' perception of teaching engagement. The respondents in the pilot testing phase were not included in the final data gathering process. To ensure easy and accurate data retrieval, the final research tool was distributed through Google Forms. Additionally, data processing was carried out using Microsoft Excel, Google Sheets, and JASP (Table 2).

Statistical Treatments

The demographic profile of nursing students (year level, sex and age) will be analyzed using Frequency and Percentage Distribution to describe the respondents' characteristics.

Formula for Percentage:

$$\frac{f}{N} \times 100 \tag{1}$$

Where:
% = Percentage
f = Frequency
N = Total number of respondents

Table 3: Instructional clarity and student guidance reliability

Interpretation	Mean Range
Very Good	3.26 – 4.00
Good	2.51 – 3.25
Fair	1.76 – 2.50
Poor	1.00 – 1.75

To assess the perceived level of teaching engagement of nursing faculty as perceived by students in lecture and RLE sessions across various dimensions, Weighted Mean will be calculated.

Formula for Weighted Mean:

$$\frac{\Sigma \mathrm{fx}}{\mathrm{N}} \tag{2}$$

Where:
f = Frequency of responses
x = Scale value
N = Total number of responses

The results will be interpreted using the scale in Table 3.

To determine whether there are significant differences in the perceived teaching engagement when grouped according to year level and age: One-Way ANOVA will be used.

Formula for One-Way ANOVA:

$$\frac{\mathrm{SSB}\ (\mathrm{k}-1)}{\mathrm{SSW}(\mathrm{n}-\mathrm{k})} \tag{3}$$

Where:
SSB : Sum of squares between groups
SSW : Sum of squares within groups
k : Number of groups
n : Total number of observations

To assess significant differences in teaching engagement based on sex, where only two groups are compared.

Formula for t-Test:

$$t = \frac{\bar{X}_1 - \bar{X}_2}{\sqrt{\frac{s_1^2}{n_1} + \frac{s_2^2}{n_2}}} \tag{4}$$

Where:
$\bar{X}_1 - \bar{X}_2$ Means of each group
s_1^2, s_2^2 Variance of each group
n_1, n_2 Number of respondents per group

Data were analyzed using JASP. Tests included descriptive statistics, independent t-test, and one-way ANOVA with significance set at $p < 0.05$.

RESULTS

Demographic Profiles of JRU Nursing Students

Table 4 revealed that the largest number of respondents based on the year level came from the 1st year level which has a total number of 122 individuals (41.78%). and Fourth Year students with 36 respondents, accounting for 12.33% of the total which has the lowest percentage of the respondents.

Table 5 shows that most respondents are female, with 233 students accounting for 76.37% of the total sample. In comparison, male respondents make up 69 out of 292 participants, representing 23.63%. This distribution suggests that there is a significantly higher number of female nursing students compared to male students in the program.

The findings indicate that the largest age group is 18-22 years old, with 252 responses, accounting for 86.30% of the entire sample. This shows that most of the nursing students polled are of normal college age. The smallest age group, 38-42 years old, has only two respondents and accounts for 0.68% of the total (Table 6).

Level of Teaching Engagement of Nursing Faculty as perceived by Nursing Students in Lecture Sessions

Table 7 shows that nursing students perceive a very high level of cognitive engagement from their faculty, as evidenced by an overall weighted mean of 3.37. The highest-rated indicators were the instructors' ability to "ask questions that encourage critical thinking" and to "teach diagnostic skills like clinical reasoning and test interpretation" (Mean = 3.41, SD = 0.67). The lowest, although still "Very High," was the item "Lecture sessions motivate me to learn independently" (Mean = 3.28, SD = 0.65), suggesting that while faculty engagement is strong overall.

Table 8 depicts the highest-rated statement was "I feel more engaged when my instructor provides real-life examples related to the lesson" (M=3.54, SD=0.62. Students also highly rated statements on attending classes regularly due to engaging strategies (M=3.48, SD=0.67) and instructors establishing a positive and supportive learning environment (M=3.45, SD=0.63). The lowest-rated item was "My instructor encourages me to participate even when unsure of my answers" (M=3.36, SD=0.67).

The highest-rated item was "The instructors' enthusiasm and passion inspire me to attend their lectures" (M = 3.37, SD = 0.63), emphasizing that instructors' affective qualities significantly enhance students' motivation to engage in class. Following closely, students also reported high agreement with statements like "My instructors genuinely care about students, showing empathy and support" and "My instructors are always there for students, offering guidance and support" (both with M =3.34, SD = 0.67).

The highest-rated item was "Instructors' instructional materials effectively help develop skills by providing clear guidance, practical examples, and hands-on activities" (M = 3.39, SD = 0.65. Following closely was "Instructors use instructional

Table 4: Frequency and Percentage Distribution of JRU Nursing Students According to Year Level

Year Level	Frequency	Percentage
First Year	122	41.78
Second Year	85	29.11
Third Year	49	16.78
Fourth Year	36	12.33
Total	292	100.00

Table 5: Frequency and Percentage Distribution of JRU Nursing Students According to Sex

Sex	Frequency	Percentage
Female	233	76.37
Male	69	23.63
Total	292	100.00

Table 6: Frequency and Percentage Distribution of JRU Nursing Students According to Age

Age	Frequency	Percentage
18-22 years old	252	86.30
23-27 years old	31	10.62
28-32 years old	4	1.37
33-37 years old	3	1.03
38-42 years old	2	0.68
Total	292	100.00

Table 7: Level of Teaching Engagement of Nursing Faculty as perceived by nursing students in terms of Cognitive Engagement

Statement	Mean	SD	VI	Rank
Lecture sessions motivate to learn independently.	3.28	0.65	VH	5
Instructors ask questions that encourage critical thinking.	3.41	0.67	VH	1
Instructors provide clear explanations and justifications for their opinions, advice, and actions.	3.38	0.65	VH	3
Instructors effectively use research data and practice guidelines in their teaching.	3.37	0.68	VH	4
Instructors effectively teach diagnostic skills like clinical reasoning and test interpretation.	3.41	0.67	VH	1
Overall Mean	3.37	0.58	VH	

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Table 8: Level of Teaching Engagement of Nursing Faculty as perceived by nursing students in terms of Behavioral Engagement.

Statement	Mean	SD	VI	Rank
I attend class regularly because I find the teaching strategies engaging.	3.48	0.67	VH	2
My instructor's teaching style motivates me to put extra effort into my coursework.	3.37	0.67	VH	8
I find class activities meaningful and engaging due to my instructor's approach.	3.38	0.64	VH	6
I feel more engaged when my instructor provides real-life examples related to the lesson.	3.54	0.62	VH	1
My instructor encourages me to participate in class even when I am unsure of my answers.	3.36	0.67	VH	9
My instructors establish a positive and supportive learning environment.	3.45	0.63	VH	3
My instructors allow me the appropriate level of autonomy based on my experience and competence.	3.42	0.63	VH	5
My instructors manage classroom time effectively to balance teaching and hands-on caregiving activities.	3.38	0.67	VH	6
My instructors provide effective coaching on clinical and technical skills (e.g., interviews, examinations, procedures, lab work).	3.44	0.63	VH	4
Overall Mean	3.42	0.56	VH	-

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

materials to help me understand the subject matter by presenting concepts in various formats" (M = 3.38, SD = 0.63) and "My instructors provide clear guidelines and expectations" (M = 3.37, SD = 0.67), underscoring the critical role of clarity and multimodal delivery in fostering comprehension.

Table 10 shows the overall mean score of 3.37 (SD = 0.61) reflects a very high level of engagement across all indicators. The highest-rated statements were "My nursing professor provides access to various learning resources" and "My professor adapts teaching strategies to various learning environments" (M = 3.40, SD = 0.66 and 0.64) respectively.

The overall mean score of 3.36 (SD = 0.64) indicates a very high level of instructional clarity across all measured aspects. The highest-rated item was "I understand the clinical procedures when my instructor explains them step-by-step during RLE" (M = 3.40, SD = 0.68). Although the statement "My clinical instructor provides well-structured explanations/reasons for opinions, advice, actions" obtained a slightly lower mean of 3.32 (SD = 0.72), it still falls within the Very High range (Table 11).

The overall mean score of 3.41 (SD = 0.59) indicates a very high level of perceived student guidance. The highest-rated items were "I gain more confidence in performing clinical tasks when my clinical instructor provides hands-on guidance in RLE" and "I feel confident performing nursing procedures when guided by my clinical instructor during RLE" (M = 3.46, SD = 0.65 and 0.63,

Table 9: Level of Teaching Engagement of Nursing Faculty as perceived by nursing students in terms of Emotional Engagement

Statement	Mean	SD	VI	Rank
My instructors treat the students fairly, creating a supportive and inclusive environment where everyone feels valued.	3.28	0.69	VH	8
My instructors listen to the students at school and value their opinions, creating an environment where I feel emotionally respected.	3.29	0.67	VH	6
My instructors genuinely care about students, showing empathy and support and encouraging a positive learning.	3.34	0.67	VH	2
students feel valued and understood. My instructors are always there for students, offering guidance and support that makes me feel valued and confident in my ability to succeed.	3.34	0.67	VH	2
My instructors offer a trusting relationship with me that encourages clear communication and helps me grow both academically and	3.33	0.67	VH	4
personally. I enjoy talking to the instructors as they create an approachable and welcoming atmosphere that makes discussions feel comfortable and engaging.	3.33	0.68	VH	4
My instructor offers encouragement and support when I struggle in class.	3.29	0.67	VH	6
The instructors' enthusiasm and passion inspire me to attend their lectures.	3.37	0.63	VH	1
Overall Mean	3.32	0.61	VH	-

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Table 10: Level of teaching engagement of nursing faculty as perceived by nursing students in terms of technology integration and adaptability in delivery

Statement	Mean	SD	VI	Rank
My nursing professor demonstrates expertise in using technology effectively for classroom instruction	3.37	0.66	VH	3
My nursing professor provides access to various learning resources, including online materials, internet-based tools, and learning management systems to enhance my learning experience.	3.40	0.66	VH	1
My nursing professor adjusts teaching methods based on my level of competence and learning needs (experience, competence, interests, etc…)	3.33	0.66	VH	4
My professor adapts teaching strategies to various learning environments, such as classroom discussions, laboratory sessions, multimedia presentations, and case-based learning.	3.40	0.64	VH	1
Overall Mean	3.37	0.61	VH	

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Table 11: Level of teaching engagement of nursing faculty as perceived by nursing students in RLE in terms of instructional clarity

Statement	Mean	SD	VI	Rank
My clinical instructor clearly defines what I need to learn and accomplish during this training period.	3.35	0.71	VH	3
My clinical instructor provides well-structured explanations/ reasons for opinions, advice, actions.	3.32	0.72	VH	6
My clinical instructor facilitates the development of diagnostic skills including clinical reasoning, selection/interpretation of tests.	3.35	0.67	VH	3
My clinical instructor provides clear instructions that help me improve my nursing skills in RLE.	3.34	0.71	VH	5
I feel more motivated to perform well in RLE when my clinical instructor recognizes my competence in nursing procedures.	3.38	0.69	VH	2
I understand the clinical procedures when my instructor explains them step by step during RLE.	3.40	0.68	VH	1
Overall Mean	3.36	0.64	VH	

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Table 12: Level of teaching engagement of nursing faculty as perceived by nursing student in RLE in terms of feedback provision

Statement	Mean	SD	VI	Rank
My clinical instructor delivers timely and constructive feedback, addressing both strengths and areas of improvements to enhance.	3.37	0.69	VH	7
I feel more comfortable receiving feedback from my clinical instructor in a private setting.	3.47	0.64	VH	3
I find corrective feedback from my clinical instructor helpful in improving my RLE performance.	3.45	0.65	VH	4
I feel comfortable receiving corrective feedback from my clinical instructor during RLE.	3.42	0.66	VH	6
I reflect on my clinical instructor's feedback to improve my performance in RLE.	3.45	0.63	VH	4
Receiving positive feedback from my clinical instructor motivates me to perform better in RLE.	3.48	0.65	VH	1
I believe that my clinical instructor provides corrective feedback to help me improve my competency in RLE.	3.48	0.64	VH	1
Overall Mean	3.45	0.60	VH	

Verbal interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

respectively. The relatively lower ratings for "provides hands-on coaching in clinical and technical skills" and "feeling comfortable when being observed during RLE" (both at M =3.36) still fall within the Very High range (Table 12).

Highest-Scoring Variable in Lecture

Among the components, Behavioral Engagement ranked highest with a mean score of 3.42 (SD = 0.56. Meanwhile, Emotional Engagement, though rated slightly lower (M = 3.32, SD = 0.61), still falls under the Very High Level, suggesting that students generally feel emotionally supported and respected, albeit to a lesser degree compared to cognitive and behavioral dimensions (Table 13).

Highest-Scoring Variable in Related Learning Experience (RLE) Sessions

The results in Table 14 show that the overall mean score of 3.41 (SD = 0.57) is interpreted as Very High Level, reflecting the faculty's consistent effectiveness in clinical teaching practices. Among the domains assessed, Feedback Provision received the highest mean score (M = 3.45, SD = 0.60), highlighting that students greatly value timely, constructive, and motivational feedback during RLE. Student Guidance (M = 3.41, SD = 0.59).

Table 13: Highest-scoring variable in lecture sessions as perceived by nursing students

Statement	Mean	SD	VI	Rank
Cognitive Engagement	3.37	0.58	VH	2
Behavioral Engagement	3.42	0.56	VH	1
Emotional Engagement	3.32	0.61	VH	5
Use of Instructional Materials	3.37	0.61	VH	2
Technology Integration and Adaptability in Delivery	3.37	0.61	VH	2
Overall Lecture Mean	3.37	0.54	VH	

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Table 14: Highest-scoring variable in related learning experience (RLE) sessions as perceived by nursing students

Statement	Mean	SD	VI	Rank
Instructional Clarity	3.36	0.64	VH	3
Students Guidance	3.41	0.59	VH	2
Feedback Provision	3.45	0.60	VH	1
Overall RLE Mean	3.41	0.57	VH	

Verbal Interpretation (VI): 1.00 to 1.75 Very Low Level (VL), 1.76 to 2.50 Low Level (L), 2.51 to 3.25 High Level (H), and 3.26 to 4.00 Very High Level (VH)

Significant Difference in the Perceived Level of Teaching Engagement according to Demographic profiles (Lecture and RLE)

Lecture: Among the five dimensions, as in Table 15, only behavioral engagement yielded a statistically significant difference, as indicated by an F-value of 2.88 and a p-value of 0.04, leading to the rejection of the null hypothesis at a 0.05 level of significance, Overall lecture engagement showed no significant difference across year levels (all p-values > 0.05).

Table 16 shows all computed p-values exceeded the alpha level of 0.05, leading to the acceptance of the null hypothesis for cognitive engagement (p = 0.41), behavioral engagement (p = 0.60), emotional engagement (p = 0.25), use of instructional materials (p = 0.74), technology integration and adaptability of delivery (p = 0.68), and overall lecture engagement (p = 0.75).

Table 17 shows all computed p-values were greater than 0.05, indicating no statistically significant differences across cognitive engagement (p = 0.50), behavioral engagement (p = 0.30), emotional engagement (p = 0.32), use of instructional materials (p = 0.18), technology integration and adaptability of delivery (p =0.15), and overall lecture engagement (p = 0.25).

RLE

Table 18 shows that there were no statistically significant differences in the perceptions of teaching engagement in RLE when grouped according to year level. All computed p-values exceeded the alpha value of 0.05 across instructional clarity (p =0.53), student guidance (p = 0.36), feedback provision (p = 0.20), and overall RLE engagement (p = 0.40).

Table 19 presents the analysis of students' perceptions of RLE engagement based on sex. All computed p-values were greater than 0.05, indicating no statistically significant differences across instructional clarity (p = 0.85), student

Table 15: Significant difference between year level and dimensions of teaching engagement (Year level)

	F	P-Value	Decision	Significance
Cognitive Engagement	2.21	0.09	Accept Null Hypothesis	Not Significant
Behavioral Engagement	2.88	0.04	Reject Null Hypothesis	Significant
Emotional Engagement	1.94	0.12	Accept Null Hypothesis	Not Significant
Use of Instructional Material	2.41	0.07	Accept Null Hypothesis	Not Significant
Technology Integration and Adaptability of Delivery	0.82	0.48	Accept Null Hypothesis	Not Significant
Overall Lecture	2.22	0.09	Accept Null Hypothesis	Not Significant

Alpha Value at 0.05 significance S is significant and NS is not significant

Table 16: Significant Difference between Students' Sex and Dimensions of Teaching Engagement

	t	P-Value	Decision	Significance
Cognitive Engagement	-0.833	0.41	Accept Null Hypothesis	Not Significant
Behavioral Engagement	0.52	0.60	Accept Null Hypothesis	Not Significant
Emotional Engagement	-1.16	0.25	Accept Null Hypothesis	Not Significant
Use of Instructional Material	-0.34	0.74	Accept Null Hypothesis	Not Significant
Technology Integration and Adaptability of Delivery	0.41	0.68	Accept Null Hypothesis	Not Significant
Overall Lecture	-0.32	0.75	Accept Null Hypothesis	Not Significant

Alpha Value at 0.05 Significance S is Significant and NS is Not Significant

Table 17: Significant difference between student's age and dimensions of teaching engagement (Age)

	F	P-Value	Decision	Significance
Cognitive Engagement	0.84	0.50	Accept Null Hypothesis	Not Significant
Behavioral Engagement	1.22	0.30	Accept Null Hypothesis	Not Significant
Emotional Engagement	1.17	0.32	Accept Null Hypothesis	Not Significant
Use of Instructional Material	1.59	0.18	Accept Null Hypothesis	Not Significant
Technology Integration and Adaptability of Delivery	1.68	0.15	Accept Null Hypothesis	Not Significant
Overall Lecture	1.35	0.25	Accept Null Hypothesis	Not Significant

Alpha Value at 0.05 Significance S is Significant and NS is Not Significant.

Table 18: Significant Difference between Student's Year Level and Teaching Engagement in RLE (Year Level)

Parameter	F	P-Value	Decision	Significance
Instructional Clarity	0.74	0.53	Accept Null Hypothesis	NS
Students Guidance	1.07	0.36	Accept Null Hypothesis	NS
Feedback Provision	1.55	0.20	Accept Null Hypothesis	NS
Overall RLE	0.99	0.40	Accept Null Hypothesis	NS

Alpha Value at 0.05 Significance S is Significant and NS is Not Significant

Table 19: Significant Difference between Student's year level and dimensions of Teaching Engagement in RLE (Sex)

RLE	t	P-Value	Decision	Significance
Instructional Clarity	0.19	0.85	Accept Null Hypothesis	NS
Students Guidance	0.36	0.72	Accept Null Hypothesis	NS
Feedback Provision	1.28	0.20	Accept Null Hypothesis	NS
Overall RLE	0.63	0.53	Accept Null Hypothesis	NS

Alpha Value at 0.05 Significance S is Significant and NS is Not Significant

Table 20: Significant Difference between Students' Age and Dimensions of Teaching Engagement in RLE (Age)

	F	P-Value	Decision	Significance
Instructional Clarity	1.42	0.23	Accept Null Hypothesis	Not Significant
Students Guidance	1.86	0.12	Accept Null Hypothesis	Not Significant
Feedback Provision	1.57	0.18	Accept Null Hypothesis	Not Significant
Overall RLE	1.80	0.13	Accept Null Hypothesis	Not Significant

Alpha Value at 0.05 Significance S is Significant and NS is Not Significant

guidance ($p = 0.72$), feedback provision ($p = 0.20$), and overall RLE engagement ($p = 0.53$).

The results in Table 20 indicate that all p-values-covering instructional clarity ($p = 0.23$), student guidance ($p = 0.12$), feedback provision ($p = 0.18$), and overall RLE engagement ($p = 0.13$) exceeded the alpha level of 0.05, leading to the acceptance of the null hypothesis across all domains.

DISCUSSION

The findings of this study revealed that nursing students at José Rizal University generally perceived a very high level of teaching engagement across both lecture and Related Learning Experience (RLE) settings. Students evaluated motivation for independent learning and technological utilization in clinical environments less favorably than other aspects which suggests these areas require additional focus for development. The quality of teaching engagement actively determines how nursing students develop their motivation as scholars and their critical thinking along with their clinical competence. Studied by [39], the involvement of dedicated faculty who foster mental participation combined with emotional care leads to superior academic performance by students.

Similarly, [40], emphasized that real-time coaching, mentorship, and professional modeling in RLE environments reduce student anxiety and improve clinical readiness. This study suggests that there is a significantly higher number of female nursing students compared to male students in the program. This trend is consistent with the general demographic pattern in the nursing profession, which has historically seen a predominance of female students. The data implies that there are more females than the male respondents that participated. Overall, these results suggest that JRU nursing faculty demonstrate strong cognitive engagement, effectively supporting the development of higher-order thinking, clinical reasoning, and evidence-based decision-making among students.

Students also highly rated statements on attending classes regularly due to engaging strategies ($M=3.48$, $SD=0.67$) and instructors establishing a positive and supportive learning environment ($M=3.45$, $SD=0.63$). These findings are consistent with the research of [41], who found that a psychologically safe and supportive environment encourages behavioral engagement among nursing students. Overall, the findings reveal that when instructors connect lessons to real-life contexts, foster supportive environments, and encourage active participation, they significantly boost students' behavioral engagement in learning activities.

The emotional engagement dimension achieved an overall mean of 3.32 ($SD = 0.61$), which affirms that students feel respected, supported, and emotionally connected to their instructors. These results emphasize that emotional engagement is a vital component of effective teaching in nursing education, reinforcing earlier findings by [42], who suggested that emotional support directly contributes to positive student learning outcomes.

The Level of Teaching Engagement of Nursing Faculty as perceived by nursing students in terms of Technology Integration and Adaptability in Delivery. The slightly lower but still very high rating for adjusting teaching methods

based on students' competence and needs (M = 3.33, SD = 0.66) suggests that while students recognize responsiveness, there may still be room for greater personalization. This observation echoes [43-44], who asserted that adaptability to individual learning needs enhances student engagement and psychological safety in both online and face-to-face settings. Overall, the findings affirm that nursing faculty at José Rizal University demonstrate strong capabilities in integrating technology and tailoring instructional approaches to varied learning environments, thus enriching the learning experiences of nursing students.

The acceptance of the null hypothesis in all domains suggests that academic standing does not significantly influence how nursing students perceive their clinical instructors' engagement. This finding is aligned with the study of [45-46], who emphasized that consistent clinical teaching practices help ensure equitable student learning experiences, regardless of year level. It also reflects the ability of clinical instructors to maintain standardized teaching quality across different student groups, fostering uniform development of clinical competence throughout the nursing curriculum [47], The analysis of students' perceptions of teaching engagement in RLE based on age groups. The results indicate that all p-values-covering instructional clarity ($p = 0.23$), student guidance ($p = 0.12$), feedback provision ($p = 0.18$), and overall RLE engagement ($p = 0.13$) exceeded the alpha level of 0.05, leading to the acceptance of the null hypothesis across all domains.

The consistent acceptance of the null hypothesis further indicates that nursing faculty at JRU effectively employ inclusive and flexible clinical teaching strategies, ensuring high standards of engagement across all age groups.

The Following are the Findings that were Generated from This Study

- The demographic profile of the JRU nursing student respondents revealed that the majority were first-year students, predominantly female, and within the age range of 18 to 22 years old
- Nursing students perceived the teaching engagement of their faculty to be at a very high level in both lecture and Related Learning Experience (RLE) sessions. In lecture sessions, the highest engagement was observed in behavioral engagement, cognitive engagement, and use of instructional materials while In RLE sessions, students rated feedback provision, student guidance, and instructional clarity as the most prominent aspects
- Statistical analysis indicated that there were no significant differences in lecture engagement when grouped according to age and sex. However, a significant difference was found in behavioral engagement when grouped according to year level ($p = 0.04$), suggesting that students' behavioral responses to teaching strategies evolve as they progress through the nursing program
- No significant differences were found in the level of RLE teaching engagement when students were grouped according to year level, age, or sex, suggesting that clinical instruction is perceived consistently across all demographic profiles
- The findings indicate that, regardless of demographic background, students consistently recognized the faculty's strong engagement in teaching, reflecting a well-maintained standard of instructional quality throughout the nursing program

The higher behavioral engagement in advanced year levels may reflect greater familiarity with faculty teaching styles and increased relevance of learning to clinical practice. Whereas first-year students are still transitioning from high school to the rigorous academic culture of nursing programs, their behavioral engagement may differ significantly from those in higher levels.

CONCLUSIONS

Nursing students consistently perceived faculty teaching engagement as very high in both lecture and clinical (RLE) settings. Among the engagement components, cognitive engagement, behavioral engagement, instructional clarity, and feedback provision were rated the highest. No significant differences were found in perceived engagement based on sex or age, indicating uniform faculty practices across demographic groups. However, behavioral engagement differed significantly across year levels, suggesting that students' views evolve as they progress academically. These findings support Social Cognitive Theory and Constructivist Learning Theory, highlighting the influence of faculty behaviors and interactive learning environments on student engagement. The implication to nursing education based on the results of our study emphasized the need for nursing faculty to continuously refine and tailor their engagement strategies to meet the developmental needs of students at every level, ensuring meaningful learning experiences that support academic success and clinical competence at Jose Rizal University (JRU) in the next generation.

Recommendations

The research results have led to the following implementation suggestions:

- The College of Nursing should continue promoting teaching strategies that enhance behavioral, emotional, and cognitive engagement, especially those involving real-life examples, clinical simulations, and student-centered discussions
- Since behavioral engagement significantly varies by year level, instructors may tailor their teaching approaches based on students' academic standing, providing more guidance and interaction for lower-year students and promoting autonomy and critical application for higher-year students
- Faculty development programs may include training on reflective questioning, feedback provision, and adaptive instruction to maintain consistent engagement across diverse learners

- Students indicated stronger engagement when instructors created a supportive and approachable classroom atmosphere. Faculty are encouraged to maintain positive relationships with students to boost participation and attentiveness
- Faculty members may benefit from peer observations and mentoring programs that promote the sharing of effective engagement practices. This may strengthen consistency across instructors and promote innovation in teaching delivery
- Future studies may consider exploring the impact of teaching engagement on broader student outcomes, such as academic performance or clinical competence. Employing qualitative methods, such as focus groups or in-depth interviews, may also provide richer insights into students' learning experiences

For Future Researchers, the Following are Recommended

- Differentiate between faculty members involved in lecture-based and RLE settings, as varying courses and instructors may influence student perceptions differently
- Correlate specific variables from lecture and RLE sessions to determine which factors have a stronger influence on students' perceptions of engagement
- Compare engagement-related variables between lecture and RLE environments to identify which setting has a greater impact on fostering positive student perceptions
- Include faculty perspectives to provide a more comprehensive understanding of teaching engagement from both the student and instructor viewpoints

These recommendations aim to support the development of teaching practices in nursing education that are flexible, inclusive, and responsive to the needs of a diverse student population.

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Ethical Statement

The study received ethical clearance from the institution's Research and Ethics Committee under approval number REC-2025-051. Prior to participation, all students were provided with a clear explanation of the study's purpose and procedures, after which written informed consent was obtained. The acquisition of informed consent formed a key requirement for securing ethical approval and ensured that participation was entirely voluntary and aligned with established ethical standards.

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